

Warranty Certificate Request Form

Labor/Material Limited Warranty

Name of Project: _____

Address: _____

City: _____ State: _____ Zip _____

Name of Applicator Firm: _____

Master Wall Applicator Certificate # _____

Distributor: _____

General Contractor: _____

System *Square Footage*: _____

Master Wall Systems

(Standard Warranty)

- Aggre-flex, commercial only (5 yr)
- Aggre-flex Drainage (5 yr)
- Aggre-flex Rollershield Drainage (7 yr)
- Aggre-flex Commercial Drainage, commercial only (10 yr)
- Master Wall One Coat Stucco (5 yr)
- Cemplaster Stucco (5 yr)
- Stucco Cement Board Coatings (5 yr)
- Insulated Concrete Form (ICF) Coatings (5 yr)
- Finishes over Stucco or One Coat Stucco (1 yr)
- Soffit System (5 yr)
- Uninsulated Finishes (5 yr)
- Foam Trims not part of a system (1 yr)
- Other _____

Special Warranty Term (contact Master Wall): _____

Note: To obtain a warranty the applicator must have current active applicator certificate.

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Substrates (check all that apply)

- Unpainted Masonry
- Exterior Gypsum
 - (ASTM C-79)
- Dens Glass Gold[®]
- FiberBond[®]
- GlasRoc[®]
- Hardieboard[®]
- Durock[®]
- PermaBase[®]
- Plywood
- Oriented Strand Board
- Metal Lath
- Exterior Soffit Board
- Other _____

Adhesive/Attachment Type

(check all that apply)

- F&M Adhesive
- MBB Adhesive
- QSMBB Adhesive
- EPSA Adhesive
- F&M Plus Adhesive
- Guardian Adhesive
- Mechanical Attachment
- Other _____

Base Coat Type

(check all that apply)

- F&M Base Coat
- MBB Base Coat
- QSMBB Base Coat
- EPSB Base Coat
- F&M Plus Base Coat
- Guardian Base Coat
- Master Wall OCS
 - Concentrate Version
 - Ready Version
- Master Wall Cemplaster Stucco
 - Concentrate Version
 - Ready Version
- Stucco/One Coat Stucco (other mfr/Field Mix)
- Other _____

Secondary Water Barrier

(check all that apply, 2-layers required under all stuccos)

- Not Used
- Asphalt Felt
- Tyvek[®] StuccoWrap[®]
- Other Sheet Water Barrier: _____
- Guardian
- WeatherStop
- Rollershield/Trowelshield
- WeatherStop Flashing Tapes (doors/Windows)
- Other _____

Insulation Type/Spacers

(check all that apply)

- Not Used
- Aggre-flex Insulation
- Aggre-flex Wavy Insulation
- QRW1 Insulation
- Enka/Homeslicker Spacer
- Foam decorative Trim Only
- Other _____

Insulation Thickness: _____

Mesh/Lath Types

(check all that apply)

- Not Used
- Standard Mesh
- Hi-Tech Mesh
- Medium Mesh
- Strong Mesh
- Ultra Mesh
- 2.5 #/sy metal lath
- 3.4 #/sy metal lath
- Other _____

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Finishes

(check all that apply)

- Perfect
- Perfect West
- Perfect Fine
- Spray
- Desert Sand Q
- Desert Sand M
- R-Coarse
- Refinish
- Other _____
- Vintique Accent

Finishes

(Colors & Lot Numbers)

Comments/Work by Other Trades To Be Completed, etc.:

Date of Completion/Warranty Start Date (required): _____

Submitted By:

(name)

(company)

Date: _____

Warranty Routing*

- Distributor Email: _____
- Fax to Distributor

* Master Wall will either email or fax warranties to the distributor at their request. The distributor will then forward the warranties to the requesting applicator.

**Email to
Master Wall**

FAX: 734-433-0930

Master Wall Sales Representative: _____
(Signature & date)

Master Wall Technical Representative: _____
(Signature & date)